

Our Century in Home Care

Karen Schumacher, Ph.D., R.N.

Beatrice Renfield Visiting Nurse Scholar
Center for Home Care Policy and Research

It has been a tremendous honor to be with you this year as the first Beatrice Renfield Visiting Nurse Scholar. For someone who fell in love with home care as an undergraduate student many years ago, this opportunity has been a dream come true. When I was a student in community health nursing, my professor made us understand that the VNS of New York was the premier visiting nurse service in the U.S. and everything that I have seen, heard and learned this year has only reinforced that understanding. It has been a pleasure to be with you and to join in your important work.

I also am greatly honored to have been invited to speak this afternoon. This is a wonderful, celebratory occasion and I want to add my hearty congratulations to the recipients of the ESPRIT Awards. You represent the best of home care. You represent excellence, dedication, creativity, professionalism, and collegiality. You are an inspiration. Congratulations.

I have titled my comments this afternoon “Our Century in Home Care” because I want you to look with me far into the future of home care. But first, let’s look back. As I have become acquainted with you over the past nine months, the remarkable history of VNSNY is never far from my mind. And your historic photographs of smart, dedicated home care nurses are a wonder. They catch my eye and my imagination every time I’m in a room where they are displayed. As I look at them I try to fathom what the lives of those nurses were like. I marvel at their vision and their enduring legacy that shapes our practice to this day. Stand with me as we look at those photographs for a moment and reflect on the legacy of those nurses of 100 years ago. Their idealism, their determination to address the

ills of society through better health care, their humanity in reaching out to vulnerable populations, their vision in creating innovative new ways to deliver health care, all still shape the spirit of VNSNY today. And far beyond our metropolitan boundaries the legacy of those nurses of 100 years ago is felt in every community in which a nurse, a home health aide, a physical therapist, an occupational therapist, a speech therapist, a social worker knocks on a door and offers hope, comfort, and healing to the person who opens it. Their legacy is enduring and reaches widely into communities across the U.S.

Now, fast forward with me to May 17, 2104 exactly one hundred years from today and let's imagine our heirs looking at historic photographs of us at work. Let's imagine that they marvel at what we accomplished, that they know us as great nurses, that they are inspired by us.

VNSNY is 10 years into its second century. This is our century in home care. This is our opportunity to shape the future of this great endeavor. What we do today will influence home care in 2104. What will our legacy be? What will nurses of the future remember us for?

I want to share with you this afternoon my hope for what we will accomplish in our century in home care. My hope is that we will leave a legacy of a stronger bond between home care practice and academia, that as a result of our work home care will come fully into its own in academic nursing. Not that we don't already work together. We do in many important ways. But most often working together only means providing a clinical rotation for a group of undergraduate students taking their required course in community health. There is much more working together that we could do. For home care to fully come into its own in academic nursing means developing it as a specialty at the master's level, a specialty deserving its own courses and programs. It means developing home care as a focus for scholarship and inquiry at the doctoral level.

So I hope that in our century home care will take its place in academic nursing as a rich, exciting, unique area of practice for education and knowledge development. That home care will be one of the most sought after clinical rotations for undergraduate students, that home care electives will always be over subscribed. That new graduates will flock to jobs in home care. I hope that graduate programs in advanced practice home care nursing will have waiting lists of those hoping to get in. But even more important than numbers of students, I hope that home care comes to be seen as the cutting edge of knowledge development in nursing. That the knowledge now embedded in our practice will become visible and will be a driving force in our theory development and in our research agenda, essential for moving the discipline of nursing forward.

Why do I feel so strongly about this? I think you will understand why if I share with you a few moments of heartbreak that have occurred over my years in home care and academic nursing. Heartbreak that comes because the type of nursing that I love has become kind of an orphan in some academic circles. Orphaned because it is no longer considered by some to be a legitimate part of community health nursing. The belief goes that “real” community health nursing is population based and focuses on wellness, health promotion, and disease prevention. Home care on the other hand is believed, incorrectly, to be based on the medical model and preoccupied with getting reimbursed for services, rather than meeting the needs of communities and families.

While home care’s ties to community health nursing have loosened, it has not been adopted fully by any other specialty area in nursing, except as an alternative site of practice. Students are taught in other settings with the assumption that that knowledge automatically transfers to home care, if that’s where the student wants to practice. Home care isn’t seen as a specialty with a unique knowledge base that can only be taught in a home care setting.

This is a concern for sure. But the belief that is most heart-breaking for me is the belief that what makes home care a unique area of practice is the paperwork. Students tell me this all the time.

Comments like these distress me because I realize how far out of the mainstream of academia home care has drifted, through misconceptions and lack of familiarity with the nature of the practice.

We know home care as a demanding type of practice that requires one of the broadest knowledge bases of any specialty in nursing. We have to know about how a patient's environment--their family environment, the physical characteristics of their home, their socio-economic resources, and their culture--how all these aspects of environment affect health behaviors and ultimately health itself. We have to be able to function effectively on a patient's turf without the resources and props of a clinical setting. We know the rich satisfactions of working with patients and their families over a long period of time. We have to be creative in resource-poor situations. In short, home care is a demanding, rich, and rewarding practice and how it became associated with the medical model and Medicare reimbursement in academia puzzles and saddens me.

In our century in home care we can change all of this. We can lay a foundation now that will result in a very different relationship between practice and academia 100 years from now. And Beatrice Renfield has given us a wonderful opportunity to bring nursing scholarship, research and education and home care nursing practice together in ways that are fresh and innovative, and most important, in ways that meet the needs of society for the best care by the best nurses, in the best setting, the home.

What specifically can we do? I ask each of you to think creatively about how you would answer this question. Each of you will have your own answer. My answer includes:

Making home care an exciting career path that BSN graduates will flock to upon graduation or soon thereafter.

Developing graduate programs in home care and making sure that their content reflects the unique knowledge base needed for practice, rather than being an application of knowledge developed in other clinical specialties.

Putting doctorally prepared nurses to work on uncovering the rich knowledge that is now embedded in practice, nearly invisible and passed along through anecdote and experience, rather than through formal education. Let me give you just one example of what I mean here: Home care nurses know how to integrate the management of multiple chronic illnesses simultaneously within patients' lived environments with all the variability found in those environments. We don't deal with chronic illnesses one by one, system by system. We deal with them all together at once. Think of the patient who has diabetes, heart failure, obesity, and arthritis. This is a complicated mix and yet we work with such patients every day. Not only that, we work with such patients in their own environments, which are enormously complex. Who else knows how to do this? This is knowledge that is now embedded in our practice and we have to uncover it, publish it, and demonstrate how this knowledge makes a difference.

These are a few of the things I would like to see happen during our century in home care. What would you like for our legacy to be? You are being acknowledged today for your leadership, excellence in practice, creativity, and dedication. This is the group who future generations will look back on with wonder. Your work will inspire future generations of home care nurses. Beatrice Renfield has given us the opportunity to make part of that inspiration closer collaboration between academia and practice. Let's make the most of it. Thank you.